



## Type of application

- ☒ Standard
 ☐ Staff approval
 ☐ Hearing Examiner
 ☐ Plan Revision
 ☐ Amended
 ☐ Reapplication
- ☐ Rezoning
 ☒ Conditional Use Permit
 ☐ Variance
 ☐ Ordinance Amendment
- ☐ Preliminary Development Plan
 ☐ Interim Use Permit
 ☐ Comprehensive Plan Amendment
 ☐ Subdivision
- ☐ Final Development Plan
 ☐ Final Site and Building Plan
 ☐ Other \_\_\_\_\_

## Site location ■ Additional addresses on back ■ Legal description attached

Property address  
9056 Penn Avenue South, Bloomington Minnesota 55431

Common name

Business address

PIN  
0802724410065

Lot  
001

Block  
001

Plat name

## Proposal Full documentation must accompany application

We intend to increase the quantity and quality of our space in the same zone type. This relocation is only 367 feet away from our current location. We are consulting experienced architects and builders in the veterinary construction field and we anticipate no impacts to other city codes.

## Complete all applicable sections — Select only ONE person as primary contact

### Fee property owner

<input checked="" type="checkbox"/> <b>Primary contact</b>  <input type="checkbox"/> <b>Additional owners on Back</b>	Owner name per property title VNY LLC, Venkatesh Babu		E-mail hai2venkat@gmail.com	
	Mailing address 6576 Carriage Way	City Corcoran Way	State MN	Zip 55340
	Business address	City	State	Zip
	Daytime phone	Cell phone	FAX	
	Venkatesh Babu <i>Typed/printed name</i>		 <i>Signature</i>	
		Owner <i>Title</i>		

### User/occupant

<input checked="" type="checkbox"/> <b>Primary contact</b>	Business name/name Nova Veterinary Clinic PLLC, Rachel Jones		E-mail rachel.jones@novavetclinic.com	
	Mailing address 5824 Dupont Avenue South	City Minneapolis	State MN	Zip 55419
	Business address 9021 Penn Avenue South	City Minneapolis	State MN	Zip 55431
	Daytime phone (952) 884-4353	Cell phone (612) 961-3297	FAX	
	Rachel E. Jones <i>Typed/printed name</i>		 <i>Signature</i>	
		Owner, DVM <i>Title</i>		

NOTE: Applications only accepted with ALL required support documents. See Instructions.

### Deadline for agency action

60 Days: \_\_\_\_\_ 120 Days: \_\_\_\_\_

Planner: \_\_\_\_\_ DRC: \_\_\_\_\_

### Shaded areas are for office use only

Received:	Date	By
Reviewed:	Date	By <input type="checkbox"/> PC <input type="checkbox"/> CC <input type="checkbox"/> HE
Fee paid:	Date	\$
<input type="checkbox"/> Admin. approval:	Date	By
<input type="checkbox"/> Comm. Dev't Dir. <input type="checkbox"/> Planning Div. Manager		
<input type="checkbox"/> Other _____		